

# Syphilis Recognized and Dreaded for Hundreds of Years

Syphilis has been recognized and dreaded for hundreds of years and called by different names at different times. In France, at one period in time, syphilis was called, "The disease of Naples." In Naples, it was called, "The French Disease" and in England, "The Spanish disease". Long dreaded for the insanity and crippling effects it could lead to, who better to blame than a particular despised political enemy?

Today, and for long past, the name is Syphilis but as Shakespeare said, "What's In A Name?". The threat is the disease itself which at our point in time is definitely on the increase. Over 95,000 cases were reported from the State of Alaska. Both of these figures reflect an increase over the previous year. The U. S. Public Health Service estimates that many more cases of syphilis go unreported.

In more recent times the toilet seat has been victimized as one of the causes of the spread of venereal disease. Despite these widely held beliefs toilet seats do not bear that burden. Venereal disease is spread through sexual intercourse. The true villain in the spread of syphilis (one of the venereal diseases) is the spirochete, an organism so delicate

that it can only survive momentarily on exposure to drying air. The spirochete enters the body through the moist, mucous membrane surfaces or breaks in the skin, where it establishes a colony and eventually spreads throughout the body.

Once the germs invade the body, the disease progresses through four distinct stages; primary, secondary, latent and late. "He who knows syphilis, knows medicine," was stated by Sir William Osler. An overstatement, surely, but for your further understanding of this disease and to gain an appreciation for public health efforts to control the spread of syphilis, the following is a brief summary of the four distinct stages of syphilis:

## PRIMARY

The obvious symptom of primary syphilis is a chancre (shank-er) a painless but contagious sore or blister that appears at the point of entry of the germ. This can happen anytime from 10 to 90 days (average 21 days) after infection. Nearly always the chancre appears on or near the genital organs but it may occasionally be in the mouth, breast, or elsewhere.

The sore may last from one to six weeks but, unfortunately, it sometimes develops out of

sight. A blood test at this time will not always detect the disease since the germs may not have reached the blood in sufficient force. Repeated blood tests are then needed to determine infection. Diagnosis can be made through positive microscopic identification of the germ.

## SECONDARY

From a few weeks to six months the germ will have multiplied enough to produce symptoms throughout the body. The possible symptoms are varied. A non-itchy rash may appear all over the body or just on the hands or feet. There may be sore throat, mild fever or headache. Hair may fall out in patches.

Infectious sores may appear on the genital organs, anus or mouth. Many of these symptoms may be mistaken for symptoms of other diseases. Secondary syphilis, which can last from two weeks to three months, can be diagnosed by a blood test and positive microscopic identification of the germ.

## EARLY

After the secondary stage, the germs settle down in clumps embedded in various body tissues. The patient may feel perfectly healthy and in this stage the disease is no longer contagious. The latent period is indefinite and lasts as long as there are no overt symptoms, which may be for five or 20 years. The disease can be detected by blood test.

## LATE

The symptoms of late syphilis depend upon what tissues of the body have been destroyed in the latent stages. The U.S. Public Health Service cites the following statistics on untreated syphilis:

"One in 15 will become a syphilitic heart victim, one in 25 will be crippled, one in 50 will become insane and one in 200 will be blind."

Syphilis may also attack the unborn child. If a pregnant woman is infected with syphilis she may pass the germ from her blood to that of her fetus. The

disease progresses in the fetus just as it would in an adult exposed through sexual intercourse. If the germ should destroy vital tissues at a critical stage, the infant may be still-born or deformed. The pregnant woman must be adequately treated before the 18th week of pregnancy to avoid infection

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of the fetus.

At any stage of syphilis, penicillin is the drug of choice. However, in later stages of the disease dosage is increased. For patients sensitive to penicillin, alternate antibiotics are available.

Since no case of syphilis exists in isolation, it is extremely important that all contacts to infectious cases be examined.

Currently, National, State and local agencies are involved in concentrated efforts to stem the rising tide of V.D. incidence. We all have a share in this human resource investment. Who knows but history might record a decline in syphilis cases in the 1970's that could lead to eventual eradication of the disease? Most certainly a dividend worthy of our investment!

If you have questions please write to the Editor of this newspaper. We cannot personally answer inquiries but will select appropriate questions to answer in future columns.